

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-07648
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
Well No. 25
Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injector (Shut in)	
Name of Operator Occidental Permian Ltd.	Well No. 25
Address of Operator 1017 Stanolind Rd. Hobbs, New Mexico	Pool name or Wildcat Hobbs (G/SA)
Well Location Unit Letter F : 1657 Feet From The North Line and 2272 Feet From The West Line Section 6 Township 19 S Range 38 E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3648' GL	

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

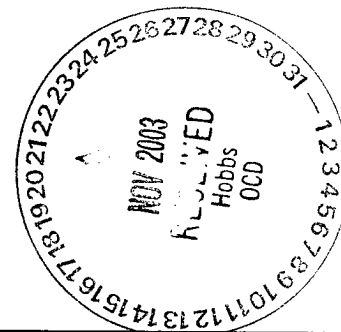
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/12/03 TIH with tubing to 4087'. Circ. well w/ plugging mud. Spot 35 sks of c cement @ 4087'. Tagged TOC @ 3912'

11/13/03 Spot 25 sks @ 2680'-2433'. Spot 35 sks @ 1650'-1313'. Perf @ 300'. Circ. 120 sks down 5 1/2" up annulus to surface.

Cut off wellhead and anchors 3' BGL. Capped well. Installed dry hole marker.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bobby Gray TITLE PTA Supervisor DATE 11-13-03
TYPE OR PRINT NAME BOBBY GRAY TELEPHONE NO. 634 7375

(This space for State Use)

APPROVED BY Stan W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL, IF ANY:

DATE

NOV 21 2003